

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> (FOR USE WITH FORM PTO-875)							SERIAL NO. <b>491526 329</b>	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51	1					
2		1					52		1				
3	1						53	1					
4	1						54	1					
5		1					55		2				
6	1						56		1				
7		1					57	1					
8	1						58		1				
9	1						59	1					
10		1					60	1					
11		1					61	1					
12	1						62		1				
13	1						63	1					
14	1						64		1				
15	1						65	1					
16		1					66	1					
17	1						67		1				
18	1						68	1					
19	1						69		1				
20	1						70	1					
21		1					71	1					
22	1						72		1				
23	1						73		1				
24		2					74	1					
25		1					75	1					
26	1						76	1					
27		1					77	1					
28	1						78		1				
29	1						79	1					
30	1						80	1					
31		1					81	1					
32	1						82	1					
33		1					83		1				
34	1						84	1					
35	1						85	1					
36		1					86		2				
37	1						87		1				
38	1						88	1					
39	1						89		1				
40	1						90	1					
41		1					91	1					
42		1					92	1	1				
43	1						93		1				
44	1						94						
45	1						95						
46	1						96						
47		1					97						
48	1						98						
49	1						99						
50	1						100						
TOTAL IND.		↓		↓		↓	TOTAL IND.	61	↓		↓		↓
TOTAL DEP.		↓		↓		↓	TOTAL DEP.	35	↓		↓		↓
TOTAL CLAIMS							TOTAL CLAIMS	96					